



# 31st Medical Group

Aviano AB, Italy

## What to Expect Pregnancy Guide



*Current as of 26 Apr 2018*

## Useful numbers

**Interpreter Assistance:** Command Post 632-3100 or 0434-303100

**31 MDG Appointment Line:** 632- 5000

**31 MDG Pharmacy:** 632- 5214

**TRICARE Service Center:** 632-5133

**Referral Management Center:** 632- 5792

**Benefits/Claims:** 632- 5067

**TRICARE Patient Advocate:** 632- 6978

### Interpreter Assistance

#### **TRICARE PRIME BENEFICIARIES ONLY**

#### **0700 Monday to 0700 Saturday**

Call Command Post @DSN 632-3100 or Commercial 0434-303100

#### **0700 Saturday to 0700 Monday**

Call the real-time International SOS Telephonic Language Assistance Service at toll free number 800-915-994

See page 3 for more details.

If you are on **PRAP/AUOF/FLY status**, immediately call the on-call PRAP mobile @ 335-8015463.

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## Notes

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## Interpreter Assistance

# International SOS (ISOS) Real-Time Telephonic Language Assistance Service

Beneficiaries may call collect or ask for a return call.

TOP Regional Call Center:

+(44)-20-8762-8384 (option 1)

Toll-free number from Italy:

800-915-994

This 24/7 service is provided to TRICARE Prime beneficiaries requiring Language Assistance in the Purchased Care Sector. Beneficiaries must activate the service. Security questions will be asked to verify eligibility.

For further information visit:

<http://www.tricare-overseas.com/beneficiaries/resources/real-time-language-assistance>

## Important Milestones

- ◆ Referral Activation within 24 hours
- ◆ Establish Care with Network Facility
- ◆ 31 MDG Prenatal Orientation within first 10 weeks of pregnancy
- ◆ New Parent Support Briefing on or before 36 weeks of pregnancy
- ◆ Birth Registration endorsement within 3 days of delivery (**MANDATORY!**)
- ◆ Newborn Pediatric Appointment within 10-14 days of delivery
- ◆ Infant Passport & Soggiorno



## NEWBORN ENROLLMENT

Newborn enrollment is a two step process:  
DEERS and TRICARE.

TRICARE Overseas newborns are automatically enroll in Select not Prime once registered in DEERS. The family has 90 days from the date the newborn is registered in DEERS to enroll the newborn in TRICARE Prime.

Please note that TRICARE Select has co-pays and annual deductible fees, therefore to avoid any out-of-pocket expenses, a Prime enrollment form should be filled out on the same day of the DEERS registration.

Enrollment can be done over the phone with InternationalSOS (+44.208.762.8133) or in person with a Beneficiary Services Representative (BSR) located at the 31st Medical Group, TRICARE area.

## **DENTAL**

During pregnancy, Active Duty Family Members enrolled in TRICARE dental program with United Concordia are entitled to a third cleaning in a 12 month period. Beneficiaries currently not enrolled in the program, may contact United Concordia to enroll (upon payment of a premium) in the program.

For more information, contact United Concordia overseas toll free number: 844-653-4060 or go to [www.uccitdp.com](http://www.uccitdp.com)

## **Not covered by TRICARE**

- ◆ 3D ULTRASOUNDS
- ◆ PATERNITY TESTING
- ◆ BELLY BANDS FOR BACK PAIN DURING PREGNANCY
- ◆ CORD BLOOD STORAGE
- ◆ DOULA SERVICES
- ◆ PRIVATE ROOM

FOR MORE INFORMATION ON THE ABOVE EXCLUSIONS AND LOCAL OPTIONS, CONTACT THE BENEFICIARY COUNSELOR AT DSN 632-5067.

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## **General Information**

### **PATIENT LIAISON ASSISTANCE**

Who is eligible? **All TRICARE Prime** beneficiaries.

Who is not eligible? DOD Civilians, contractors, retirees and all other patient categories not in possession of TRICARE Prime benefits.

#### **FOR URGENT/EMERGENT OB CARE:**

Report immediately to the Hospital providing your OB care and call Command Post at DSN 632-3100 to notify the Patient Liaison of your imminent arrival.

#### **FOR NON-EMERGENT OB CARE/QUESTIONS:**

Call the Nurse Advice Line at the Italian Toll Free Number at 800-87-7660.

#### **FOR INPATIENT CARE:**

Call the Pordenone Patient Liaison Office at commercial phone 0434-365701 or call Command Post at DSN 632-3100 to notify the Liaison that you require inpatient language assistance. At PORDENONE HOSPITAL, a Liaison will be with you as soon as possible. Be advised that Liaison assistance is based on availability and clinical priority. At POLICLINICO, assistance is currently **LIMITED** to telephonic services.

## **TIPS FOR REIMBURSEMENT REQUEST**

- Registration in the TRICARE Overseas Program (TOP) portal is required  
<https://www.tricare-overseas.com>
- Automated direct deposit is available
- All requests must be filed with DD2642
- Step by step instructions are available on the portal and on the 31st Medical Group FB page.
- Prescriptions reimbursement requests must be accompanied by the doctor's prescription as well as the receipt from the pharmacy.
- The TRICARE-overseas portal is compatible with Chrome and Firefox browsers only.

### **OTHER HEALTH INSURANCE**

If you have any health insurance other than TRICARE, it is called "Other Health Insurance" (OHI). By law, TRICARE pays after all OHIs. Nationalized health care such as Italian health care (Tessera Sanitaria) is considered OHI. Beneficiaries with OHI will need to pay up-front for all their medical needs. You may file a claim with TRICARE after your primary insurance has reimbursed you.

A PRESCRIPTION IS NEEDED to purchase a breast pump. You may request a prescription at the Woman's Health Clinic.

To receive reimbursement for your breast pump purchase you must submit a claim via the TRICARE portal. [www.tricare-overseas.com](http://www.tricare-overseas.com)

**NOT COVERED:**

Breast pump batteries, regular "baby bottles", travel bags, breast pump cleaning supplies, baby weight scales, garments and other products that allow hands-free pump operations, ice packs, labels, labeling lids, nursing bras, nursing pads, over the counter creams, ointments and other products that relieve breastfeeding related symptoms or conditions of the breast and nipples.

## **General Information**

### **YOUR OB RECORD**

In the Italian Health Care System, all medical reports and referral results are given to the patient to maintain during the entire pregnancy, delivery and post-partum period to include, but not limited to, laboratory results, ultrasound results and images, specialty care consult reports and all other miscellaneous medical results obtained from medical encounters performed during your pregnancy.

Italian Providers **DO NOT** maintain copies. You are the sole owner of your OB record.

To ensure you receive appropriate care during your pregnancy, you are responsible for keeping your OB record (Cartella Ostetrica – Monitoraggio della Gravidanza) on your person and to bring it to each and every medical encounter, emergency visit or admission.

**KEEP YOUR OB RECORD WITH YOU AT ALL TIMES.**

## **General Information**

### **Recommended Items for Mom's "Go-Bag"**

- ◆ Your prenatal OB records
- ◆ Your anesthesia record from prenatal epidural consult, if applicable
- ◆ Valid non-expired passport (the one that you will present to the Town Hall for birth registration)
- ◆ 2 cotton night gowns: 1 for use during delivery and 1 with buttons for the remainder of your stay
- ◆ Large sanitary napkins
- ◆ Nursing bra
- ◆ Underwear
- ◆ Robe
- ◆ Bottled Water
- ◆ Towels
- ◆ Personal Toiletries
- ◆ Slippers/Socks

## **BREAST PUMP**

### **TRICARE Covers:**

- ◆ Heavy-Duty hospital grade breast pump and supplies
- ◆ Manual/standard electric breast pump and supplies

### **AUTHORIZED VENDORS:**

- ◆ Firm, supplier or provider that accepts TRICARE
- ◆ Post Exchange (PX), Base Exchange (BX) or Station Exchange
- ◆ Civilian stateside and overseas retail stores
- ◆ Civilian stateside and overseas retail drug stores
- ◆ Online store (shipping and handling not included) \*\* note that, for reimbursement purposes, the physical address of vendor is required on receipt, no PO BOX will be accepted by claim processor



## MISSED APPOINTMENTS

Host nation medical appointments must be cancelled **no later than 3 working days** prior to the date of the appointment.

Effective 1 Sep 2010, International SOS became the new TRICARE contractor for all OCONUS locations.

Under the terms of this contract, **all TRICARE Prime beneficiaries are subject to be billed** by the network provider for missed appointments.

Should this occur, it is an out-of-pocket expense for the beneficiary and not subject to reimbursement.

## General Information

### **Recommended Items for Baby's "Go-Bag"**

- ♦ 4 sets of sleepers in individual bags labeled with baby's last name
- ♦ 4 undershirts
- ♦ Baby towel
- ♦ Receiving blankets
- ♦ Socks or shoes
- ♦ Cotton hat

(Note: diapers and formula are Provided by the Nursery)

## **General Information**

### **BLOOD PRESSURE CHECKS**

Go to the nearest Italian Pharmacy to have your blood pressure checked. The service is free or some pharmacies may charge a nominal fee. Another option is to purchase an automated BP machine for home use at the approximate cost of 25.00 to 30.00 euro, non-reimbursable.

### **BIRTH PLANS**

Italian law prohibits the use of birth plans.

### **CHAPERONES**

The presence of chaperones in the OB/GYN setting for prenatal appointments is not an Italian custom and therefore not an available service.

### **NUTRITIONAL COUNSELING**

OB Providers orient expectant mothers on healthy eating habits. Nutritional counseling for expectant mothers is part of good antenatal care.

### **FLOWERS & BALLOONS**

For allergy reasons, flowers and latex balloons are not permitted on the OB ward.

## **TRAVELING WITH TRICARE**

Urgent care and emergent care in the US or overseas do not require prior authorization. If admitted, patients should contact InternationalSOS as soon as possible to receive an authorization for inpatient stay and, if admitted overseas, to request assistance with payment.

Please note that overseas facilities may require full payment upon discharge.

Active Duty Family Members moving to another region for the duration of the pregnancy must enroll in the region they are moving to.

### **Tricare overseas prime (TOP) contractor:**

+44-20-8762-8384 (overseas)

1.877.678.1207 (stateside)

For medical assistance:

+44-20-8762-8133

# **TRICARE Corner**

## **General Information**

### **T-DAP VACCINE**

T-DaP is a combination vaccine that protects against three potentially life-threatening bacterial diseases: tetanus, diphtheria, and pertussis (whooping cough).

If your OB provider recommends the vaccine, you will be given a DTaP request form. Take the form as soon as possible to the Immunizations Clinic at 31 Medical Group, Monday to Friday, between the hours of 07:30 and 16:00 for treatment.

This is a walk-in service.

## **General Information**

### **VAGINAL DELIVERY**

When you have started labor, you will have a delivery room assigned to you where you can have a support person of your choice (partner, mother, friend). Only 1 person is allowed to stay with you at any given time in labor. Fetal monitoring and physical examination will be performed by the midwife and you will be evaluated by the OB Provider. If you completed the pre-partum anesthesiology consult, you can request an epidural. Delivery will take place in the labor or delivery room. After birth, the baby will be placed on your stomach & in your arms to give you and your partner the opportunity to start bonding right away (unless an immediate neonatology evaluation is required).

## **Policlinico San Giorgio**

### **OB VISITING HOURS**

Monday to Sunday

13:00 to 20:00 hours

Siblings are welcome as long as they are not ill or experiencing cold or flu-like

Symptoms.

## **Policlinico San Giorgio**

### **ROOM COVERAGE POLICY**

As per the TRICARE Manual, beneficiaries are entitled to semi-private room coverage (two beds per room with the second bed occupied by another patient).

Should you desire a private room during your stay, advise the Midwife. You will be required to complete, sign and date a form. The private room will be assigned to you as soon as it is available which may not necessarily be immediate.

The cost of the room is 132.00 euro/night.

The total cost of the room must be paid in full on the day of discharge via cash or credit card.

Private room costs are an out-of-pocket expense for the patient and will not be reimbursed by TRICARE.

## **General Information**

### **POST VAGINAL DELIVERY**

Following delivery, and for 2 hours, you will stay with the SUPPORT PERSON that was at your bedside in the delivery room. It is important to start 'bonding' immediately. Initial latching-on of the baby to the breast to help accomplish successful breastfeeding will also occur during this time if you have opted to breastfeed your newborn.

You will then be moved to your room and remain on bed rest until you are able to urinate. You will be accompanied to the bathroom by Hospital staff. If after 6 hours you still are unable to urinate, the doctor will follow-up with an ultrasound and possible placement of a urinary catheter.

A midwife will monitor your blood loss and assess general health status, vital signs, your uterus, stitches, lacerations or episiotomy.

Your body temperature and pain perception will also be checked during the day. If you need more pain medication, just ask without waiting!

The newborn is evaluated within 24 hours from birth, at discharge and as often as necessary.

Nursery staff will assist with newborn bathing, weight checks and cleaning of the umbilical cord.

## **General Information**

The evening prior to the C-section you will have a Light dinner and then you must fast for a minimum of 8 hours.

You will have to remove any jewelry and nail polish. Surgery time will be communicated to you.

You will be required to prep for the operating room:

C-sections are carried out in the operating room and take approximately 40 to 60 minutes. The anesthesiologists usually administer spinal anesthesia but this may vary according to clinical needs. Partners are not authorized to stay during the C-section procedure.

### **POST C- SECTION DELIVERY**

The baby will be evaluated by the Pediatrician, and will be given initially to mom followed by dad for the remaining time.

Mom (together with dad and baby) will remain under observation in the delivery room for at least 2 hours.

## **Policlinico San Giorgio**

### **Initial OB Evaluation**

After referral activation has occurred and authorization for care has been received (turn-around is approximately 4 business days), you will be contacted by the Pordenone Hospital Booking Clerk with the date and time of your initial OB evaluation by email. To the greatest extent possible, the first appointment will be scheduled within the 8-10 weeks of pregnancy.

### **The day of your Initial OB Evaluation**

Report to Ufficio Gestione Degenze located on Floor 5 (turn left out of the elevators and pass the Segreteria) with:

- Your email appointment reminder
  - Non-expired passport
  - Federal ID Card
  - Fiscal code card
- Birth Certificate (If not in possession of this document, contact Vital Statistics Office of State where you were born)
- Marriage Certificate (if applicable)

## **Policlinico San Giorgio**

### **URGENT/EMERGENT OB MEDICAL CARE**

**For all emergency situations**, including on-set of contractions, report directly to the OB/GYN Department on Floor 5 and check in with the midwife.

Report to the Urgent Care entrance located on Via Francesco Fortunio. Take the second set of elevators located to your left to the OB/GYN Department on Floor 5. Check in with the midwife. Afterwards, partners can proceed to park their vehicle. After regular duty hours, call 0434-519503 to advise the midwife that you are arriving.

## **General Information**

### **ANESTHESIA**

Pre-partum anesthesia evaluations will be performed prior to delivery between 32-35 weeks of pregnancy.

10 days prior to the Anesthesiology evaluation, you will be required to perform labs. At the evaluation, the Provider will review your labs, perform a physical exam, explain the anesthesia options and ask you to read, complete and sign a consent form for epidural administration.

In the near future, Pordenone Hospital will offer nitrous oxide via nasal mask as another option.

### **PAIN MANAGEMENT**

Although there are differences in pain perception and tolerance in the Italian culture, pain management is considered a vital part of post-partum well-being.

If you feel you need medications for pain, ask for them without hesitation!

In Italy, nurses are not authorized to prescribe pain killers; this is restricted to Providers only. If you think you will need painkillers for the night, bring it to the attention of the nurses on afternoon shift so the Provider can prescribe medications to ensure your pain is controlled.

## General Information

### **BREAST FEEDING & BREAST PUMPS**

Mothers are trained during their inpatient stay by the midwives on breast-feeding.

Ask the midwife every time you need assistance with breastfeeding or handling your baby.

Midwives can assist moms with lactation queries and/or concerns up to 30 days after delivery and upon request.

Mothers can report directly to the OB Department at the Hospital where the delivery took place for assistance. Mothers can also contact the Family Advocacy Nurses of the NEW PARENT SUPPORT PROGRAM located in AREA 1/BUILDING 108 @ DSN 632-5667.

Should you require a breast pump, see page 32 for details.

## Policlinico San Giorgio

Via Agostino Gemelli 10

Pordenone

<http://www.clinicasangiorgio.it>

Policlinico San Giorgio has capabilities to manage uncomplicated pregnancies and deliveries.



CONTACT INFORMATION FOR OB APPOINTMENTS:

**Appointments/Cancellations: 0434-519787**

**Email: [hospitality@clinicasangiorgio.it](mailto:hospitality@clinicasangiorgio.it)**

**Website: <https://www.clinicasangiorgio.it/>**



## Pordenone Hospital

### OB VISITING HOURS

Monday to Sunday

06:30 to 08:00 hours

12:30 to 14:30 hours

18:00 to 20:30 hours

Fathers of newborns have unrestricted access to the OB Ward except when the OB Providers are performing daily rounds on inpatients, which normally occurs between the hours of 09:00 and 13:00.

The doors to the OB ward are closed. To access, press the buzzer located to the left of the double doors. OB staff will open the door almost immediately but if this does not occur, please be patient since they may be involved with direct patient care.

Siblings are welcome as long as they are not ill or experiencing cold or flu-like symptoms.

## General Information

### ROOMING IN

#### (Newborn baby in the room with mother)

Once out of the delivery room, and in order to strengthen the bond between mother and child, both the mother and the newborn baby stay in the same room.

Whether childbirth occurred naturally or by C-section, this contact allows the mother to begin to learn how to understand the newborn babies' requests, and to respond to these in the best and fastest way possible, giving her the chance to be aware of her maternal abilities and to get used to resting while the baby is sleeping.

The newborn **MUST** be in the room with the mother at all times **AND NEVER LEFT UNATTENDED**.

Should you need to rest, take a break from newborn tasks, or use the restroom, contact the midwife or ancillary staff so the newborn can be brought back to the nursery.

**Do not leave the baby alone!**

## **General Information**

### **DISCHARGE INFORMATION**

Natural birth - discharge occurs after 2 days  
(DAY 1 IS THE DAY AFTER DELIVERY)

C-section – discharge occurs after 3-4 days  
(DAY 1 IS THE DAY AFTER DELIVERY)

Both you and your baby will be evaluated by a  
Provider prior to discharge.

Discharge summaries will be provided, one for  
you and one for the baby, identifying admission  
care & recommendations for home care. Sum-  
maries will be translated by 31 MDG Patient

Liaisons and uploaded in your Electronic Health  
Record (EHR) within 24 hours.

### **MEDICAL RECORD TRANSLATION**

After delivery, you have the option to drop off  
your network OB medical record to TRICARE  
Patient Liaison Services for translation and  
uploading in your EHR. Please allow 10 business  
days for this service. Translated records required  
for continuation of care at other facilities will be  
accomplished in 3 business days.

## **Pordenone Hospital**

### **ROOM COVERAGE POLICY**

#### **NORMAL BOARD OPTION**

As per the TRICARE Manual, beneficiaries are  
entitled to semi-private room coverage (two pa-  
tients per room with or without a third bed between  
two patients). The Hospital will make it's best attempt  
to admit only two patients per room but can exercise  
the right to admit a third person in the presence of a  
full ward. This type of board does not generate an out-  
of-pocket expense for the patient.

#### **PRIVATE BOARD OPTION**

Should you desire a private room (one bed and a  
recliner for your partner) during your  
admission, advise the Midwife upon admission for  
delivery. You will be required to complete and  
sign the Private Boarding Request Form. The  
private room will be assigned to you as soon as it  
is available which may not necessarily be  
immediate. The cost of the room is 51.65 euro/  
night and the total cost of the room must be paid  
in full on the day of discharge via cash or credit  
card at Ufficio Accettazione Spedalità (Admissions  
Office) located in building L from Monday to Fri-  
day between the hours of 08:00 and 16:00.

Private room costs are an out-of-pocket expense  
and will not be reimbursed by TRICARE.

## Pordenone Hospital

### Delivery FAQs

If I opt for a doula, can the doula stay in the delivery room in addition to my partner?

No, only 1 support person is allowed in the delivery room per patient due to an issue of physical space.

Is delayed bathing authorized?

Bathing occurs 2 hours after birth.

Is delayed cord cutting authorized?

Cord cutting occurs when it has stopped pulsating unless clinical conditions require immediate separation.

Can Vitamin K and eyedrop instillation be delayed?

Vitamin K is administered as an intramuscular injection and occurs at bathing time no less than 2 hours after birth. It is a preventive measure against Vitamin K deficiency which in some cases, can arise as early as 24 hours after birth.

Is it legal to remove the placenta from the Hospital for eventual placental dehydration/encapsulation?

Due to current issues with 'special waste' regulations, placental removal from the Hospital is not authorized.

## General Information

### MATERNAL POST-PARTUM FOLLOW-UPS

#### **PORDENONE HOSPITAL**

Pordenone Hospital—10 days after discharge. Report to this appointment with your baby.

Pordenone Hospital - 40 days after discharge (unless complications arise)

#### **POLICLINICO HOSPITAL**

Policlinico Hospital - 60 days after discharge (unless complications arise)

\*\*\*If you experience post-partum complications at home, report to the Network Hospital where you delivered for urgent OB care access.\*\*\*

## **General Information**

### **NEWBORN FOLLOW-UPS @ 31 MDG**

Upon discharge, contact the 31st Medical Group Appointment Line @ DSN 632-5000 to schedule an appointment as soon as possible with the Pediatric Clinic.

Additional Pediatric follow-up appointments will be scheduled by the Pediatric Clinic at 2 weeks, 4 weeks and 8 weeks in accordance with US Pediatric protocols.

## **Pordenone Hospital**

### **Vaginal and Vulvar Swab Test**

Location: Microbiology/ Building H—  
by appointment only.

#### **Test Instructions**

#### **5 days prior to the exam:**

- stop antibiotics and use of vaginal douches

#### **1 day prior to exam:**

- Report in the absence of a menstrual period and/or three days after termination of menstruation
- Accurately clean the genital area with neutral soap
- Do not use disinfectants, foamy or oily substances of any kind

*(Note: You must be off antibiotics for a minimum of 30 days prior to performing the follow-up vaginal swab.)*

### **Glycemic Curve Test**

Location: Breath Test Laboratory/Building A/  
basement—by appointment only. Test

Instructions: Fast for 8 hours prior. Be punctual.  
Test duration is 2 hours.

## **Pordenone Hospital**

### **OB APPOINTMENTS**

“Ufficio Ricoveri” Building L/Main Floor

Phone: 0434-399682

Email: [birthwayspn@aes5.sanita.fvg.it](mailto:birthwayspn@aes5.sanita.fvg.it)

Hours of Operation

Mon, Wed, Thurs, Fri— 08:30 to 15:00

Tue—12:30 to 19:30

Ask for Reception Clerk Mr. Genova . Report **no later than 48 hours** after your initial OB evaluation.

### **LABORATORY APPOINTMENTS**

Same location and hours as above.

On the day of your lab appointment, go to:

“Centro Prelievi”/Building A/ Basement floor. Take a kiosk number for “Percorso E”. Labs must be drawn no later than 72 hours prior to your next follow-up.

### **VAGINAL SWAB APPTS 1ST TRIMESTER ONLY**

OB Outpatient Clinic/Term Pregnancies

Bldg A/Floor 4

### **APPOINTMENT LOCATIONS**

OB appointments— Building A/Floor 4

Lab appointments—Building A/Basement Level 0

Morphological (20 week) ultrasound—San Vito al Tagliamento Hospital (Partner Facility)

## **General Information**

### **PREMATURE INFANTS**

If your child was born premature, Pordenone Hospital will schedule follow-ups for your baby based on weight and growth status at discharge.

Weight check at 2-3 days post-discharge.

All follow-up appointments will be written on the newborn discharge summary.

**Any appointments occurring 21 calendar days after the day of discharge require a new referral from your PCM.**

Contact the Appointment Line @ DSN 632-5000 to request a telephone consult (T-CON) with your (Primary Care Manager) PCM Team to request a referral.

## General Information

### **BREECH BABIES**

If your child was born in the breech position ("feet first"), you will be contacted by the Pordenone Hospital 90 days after discharge for your babies hip check.

Please contact the Appointment Desk at DSN 632-5000 immediately to request a TCON with your PCM Team. Ask the PCM team to order a Network Neonatology referral.

## Pordenone Hospital

### **Initial OB Evaluation**

After referral activation has occurred and authorization for care has been received (turn-around is approximately 4 business days), you will be contacted by the Pordenone Hospital Booking Clerk with the date and time of your initial OB evaluation by email. To the greatest extent possible, the first appointment will be scheduled within the 8-10 weeks of pregnancy.

### **On the day of your Initial OB Evaluation:**

Report to Ufficio Accettazione Spedalità located in Building L/Entrance Floor (enter via glass doors to the far right) with:

- Your email appointment reminder received
  - Non-expired passport
  - Federal ID Card
- Birth Certificate (If not in possession of this document, contact Vital Statistics Office of State where you were born)
  - Marriage Certificate (if applicable)

You will be asked to sign consent (GECO) regulating privacy and handling of sensitive information.

After the appointment, the OB Provider will give you forms/instructions for booking future OB follow-ups, diagnostic and laboratory exams. See next page .

## **Pordenone Hospital**

### **OB Provider listing**

**Dr. Lorenzo Ballarin**

**(lorenzo.ballarin@aas5.sanita.fvg.it)**

**Dr. Francesco Pirrone**

**(francesco.pirrone@aas5.sanita.fvg.it)**

**Dr. Sara Liva**

**(sara.liva@aas5.sanita.fvg.it)**

**Midwife**

**midwife@aas5.sanita.fvg.it**

## **General Information**

### **IMMUNIZATIONS**

Immunizations will be performed at the 31 Medical Group. A care plan will be provided to you at the first newborn follow-up appointment by the 31 MDG Pediatric Clinic.

### **CIRCUMCISION**

Circumcisions will be performed at 31 MDG within 2 weeks of delivery upon request. Discuss circumcision with your 31 MDG Pediatric Team.

## **General Information**

### **BIRTH REGISTRATION**

#### **IN INSTANCES OF NORMAL DELIVERY**

Pordenone and Policlinico Hospitals will initiate birth registration procedures for US beneficiaries.

#### **DEPLOYED PARTNERS**

A. If partner is planning deployment prior to birth of known pregnancy, mother and partner may exercise the option to perform pre-registration at Town Hall. Supporting documents, as mentioned in 4.2.16.1. in addition to the initial OB evaluation report confirming pregnancy are required for accomplishment.

B. If partner is deployed prior to knowledge of mother's state of pregnancy, partner may exercise the right to elect a Power of Attorney to act on his behalf at time of registration.

## **Pordenone Hospital**

### **URGENT/EMERGENT OB MEDICAL CARE**

Report directly to the Emergency Room (Pronto Soccorso) in Building C/Entrance Floor. Check in at the TRIAGE Desk and advise the Nurse that you are pregnant.

Prior to departing for the ER or while in route, call Command Post @ DSN 632-3100 or Commercial 0434-303100 to notify the Liaison of your arrival. Partners should proceed to park their vehicle after having dropped off the expectant mother at the ER.

A Patient Liaison may already be at the ER when you arrive. If the Liaison is not present, they will be with you as soon as possible. Be advised that during certain shifts, there is only one Liaison that may be handling multiple clinical events simultaneously. Assistance in this case is provided according to clinical priority.

#### **If you are experiencing contractions?**

**Report directly to**

**OB/GYN BLDG A/4TH FLOOR**



## Pordenone Hospital

Via Montereale 24, Pordenone  
33170

[http://www.aopn.sanita.fvg.it/it/  
index.html](http://www.aopn.sanita.fvg.it/it/index.html)

Pordenone Hospital has full capabilities to manage all patients to include twin gestations, trials of labor following Cesarean delivery and complicated cases.



## General Information

### **BIRTH REGISTRATION**

#### **ITALIAN RESIDENTS OR FORMER RESIDENTS WITH SOGGIORNOS**

Must perform birth registration at the Town Hall of Residency and be accompanied by an Italian speaking support person in possession of a valid passport or identification card. Only the parent that is registered at the Town Hall is authorized to perform the birth registration – you may not send your partner.

#### **ARTICLE 67 OF THE ITALIAN CIVIC STATUTE REQUIRES THAT NEWBORNS BE REGISTERED WITHIN AND NO LATER THAN 10 CALENDAR DAYS OF BIRTH.**

Failure to register a newborn within 10 days can result in a delay of up to six months for application of US passport and SSN, affecting pending reassignments or separations.

## General Information

### BIRTH REGISTRATION

#### DOCUMENTS REQUIRED

- Non-expired passport (both parents) or federally issued ID card for ADSMs only that are not in possession of a passport
- “Certificato di Assistenza al Parto” issued to you by the Midwife
- Marriage certificate (if applicable)
- 31 MDG Birth Registration Demographic Datasheet

Consult Google for Town Hall hours/location.

## NIPT (NON-INVASIVE PREGNANCY TEST)

NIPT is a new generation prenatal test that analyzes fetal genomes starting from a maternal blood sample. During the first weeks of pregnancy, fetal DNA is present in maternal blood, DNA which can be analyzed to determine the presence of Trisomy syndromes (it can also be used to identify sex chromosomes and certain chromosomal microdeletions). The test has limitations:

1. Ultrasounds and other combined tests still need to be performed during the first trimester which provide other useful information.
2. Specialty consult must take place before and after the test to discuss its limitations and the results.
3. If abnormal, an invasive test (amniocentesis-villocentesis) must be performed for the couple to decide whether to terminate the pregnancy or not according to Italian law.

## **POSITIVE SCREEN**

### **What does it mean?**

A screen that detects a risk greater than 1/250, means that there is a 1/250 greater chance that the fetus may have chromosomal alterations. (i.e. out of 250 women that received this result, one of these women will have a baby affected by Down Syndrome and the other 249 will not) It does not provide a diagnosis but a “risk indicator”, that does not always correspond to the real presence of a pathology. This does not signify that the fetus is ill but only that the data indicates that there may be a ‘possibility’ of a disorder.

## **NEGATIVE SCREEN**

### **What does it mean?**

A negative screen can completely exclude an illness or the opposite: it could indicate an increased risk when it isn’t really present; this doubt can only be resolved via an invasive procedure.

Since it is a test based on ‘probability’, the presence of a pathology cannot be absolutely excluded. In addition, the truthfulness of the case decreases, for instance, with twin pregnancies or insulin-dependent diabetics.

## **General Information**

### **WHAT TO DO AFTER BIRTH REGISTRATION**

If Pordenone or Policlinico Hospital initiated birth registration for your baby, and no sooner than 10 business days after discharge, report to the Pordenone Town Hall reception desk located in the main lobby to retrieve the Summary of Birth Certificate (ESTRATTO DI NASCITA) (5 copies).

**Pordenone Town Hall**

**Piazzetta Calderari, 3 - 33170, Pordenone**

**Monday to Friday**

**08:30 to 12:00 hours**

Italian residents or former residents with soggiorno: request 5 copies of the Summary of Birth Certificate (ESTRATTO DI NASCITA) at the time of registration.

**Once you’re in possession of the Summary of Birth Certificate:**

Go to [www.militaryonesource.com](http://www.militaryonesource.com) to request a certified English translation of the document. Processing time is approximately 7 business days.

For more information call:

**1-800-342-9647.**

## **General Information**

Once you have the certified translation,  
contact the following agencies:

### **INFANT PASSPORT**

Contact the Base Passport Office NLT 14 days  
after

Italian Birth Registration.

Flight Line Bldg. 1413/Entrance Floor

DSN 632-5404 ext.5

HOURS OF OPERATION

Mon & Tue—By Appointment Only

Wed/Thurs/Fri—Walk-in Service

10:00-12:00 & 13:00-15:00 hours

### **INFANT SOGGIORNO**

Contact the Base Soggiorno Office NLT 14 days  
after

Italian Birth Registration.

Flight Line Bldg. 1413/Entrance Floor

HOURS OF OPERATION

Mon to Fri

07:30 to 16:30 hours

## **NON-INVASIVE PRE-NATAL TESTS**

### **NUCAL TRANSLUCENCY**

An ultrasound that detects an accumulation of fluid in the nuchal area of the fetus, a possible indicator for genetic pathologies. It identifies approximately 80% of fetuses affected by chromosomal abnormalities. It is performed in the early stages and, in the presence of high risk, further diagnostic exams can be performed (amniocentesis or villocentesis). If chromosomes are normal, the increase in nuchal translucency can be correlated to the presence of fetal malformations.

### **ULTRASCREEN/DUOTEST/BITEST**

Non-invasive prenatal test performed at 11 to 13 weeks of pregnancy. Allows for calculation of fetal risk for the main three trisomy pathologies, via correlation of patient age, sampling of maternal-fetal blood of free-beta HCG and PAPP-A in addition to measurement of the nuchal translucency.

The test is performed by certified Providers.

## **NON-INVASIVE PRE-NATAL TESTS**

These are various biochemical tests and/or ultrasounds that provide an estimated risk for trisomy 21 or 18 with the ability to identify possible cases from 65% to 90%. These tests only provide a statistical risk but do not confirm the actual presence of a disorder. Advantage: no risk for miscarriage. Disadvantage: can be false positive or false negative. Eventually, a patient can decide to perform amniocentesis based on the reported risk.

### **TRIPLTEST**

Test performed @ 16-17 weeks of gestational age. Consists in drawing a maternal blood sample. The test studies some of the biochemical markers present in maternal blood, produced by the fetus or placenta, that act as indicators for Down Syndrome, if present in the blood in high quantities.

Findings are correlated to patient age, weight, gestational week, smoking, and risk factors to determine a value that indicates an ESTIMATED statistical risk of chromosomal alterations (eg 1/500). It also provides an estimated risk for neural tube defects.

## **General Information**

### **E-INFO**

**For an electronic version of “The What to Expect Pregnancy Guide”, go to:**

**<http://www.aviano.af.mil/Units/31st-Medical-Group/Clinic-Transition/>**

**Aviano Air Base App/31 MDG/What To Expect**

## **GENERAL PRE-NATAL TESTS**

### **ULTRASOUNDS**

#### **1ST TRIMESTER (10-12 weeks)**

- Dating ultrasound
- Visualization of gestational sac in uterus and number of fetuses
- Determine number of fetuses and cardiac activity
  - Measurement of nuchal translucency
- In the presence of multiple pregnancies, determine chorionicity (amount of placenta)

#### **2ND TRIMESTER (20-22 weeks)**

#### **“MORPHOLOGICAL ULTRASOUND”**

- Measure head, abdomen, long bones, organs
- Placental location & amount of amniotic fluid
- Evaluate for fetal anomalies (detection may result in need to pursue care in Level II Facility)
- Some fetal anomalies, even severe, may not be detected;
- Certain malformations have a late-onset (7-9 months) and may not be detected in the early diagnostic phases.
- Research shows that routine ultrasound testing allows for detection of major malformations in 30-70% of cases

## **PRE-NATAL TESTS—INVASIVE**

### **Why aren't amniocentesis and villocentesis recommended to all pregnant women?**

Because there is a minimum risk of abortion and incorrect results therefore it is recommended that these tests be performed when the statistical risk correlated to maternal age for the presence of chromosomal pathologies equals or supersedes the risk correlated to the execution of the exam (35 years).

## **PRE-NATAL TESTS—INVASIVE**

### **AMNIOCENTESIS**

An outpatient test performed between 15 to 18 weeks of pregnancy to determine fetal karyotype. It consists in obtaining a small quantity of amniotic fluid (from free floating fetal cells). It is performed under the following conditions:

- Maternal age > 35 years
- History of chromosomal familial disorders (parents, previous child)
  - Fetal anomalies discovered during ultrasound
- Predisposition of elevated risk for chromosomal anomalies
  - Miscarriage risk: 0,5:100
- Rare maternal risks including occasional contractions, premature delivery, rupture of the membranes, vaginal blood loss, intrauterine infections.

### **VILLOCENTESIS**

An outpatient test performed at 10 to 13 weeks of pregnancy. It consists in obtaining a small quantity of chorionic tissue from the placenta.

Abortion risk: 1:100

- Rare maternal risks including occasional contractions, premature delivery, rupture of the membranes, vaginal blood loss, intrauterine infections.

## **GENERAL PRE-NATAL TESTS**

### **3rd TRIMESTER (30-34 weeks)**

- Evaluate fetal growth
- Evaluate quantity of amniotic fluid and placental insertion
  - Evaluate for late-onset fetal anomalies
  - Determine fetal position in uterus

### **3-4D ULTRASOUNDS**

- **NOT a covered benefit. Out-of-pocket expense with no reimbursement**
- **Allows for 3-4 dimensional visualization of the fetus**
  - Images of 'emotional' impact
  - Not part of routine studies

## **GENERAL PRE-NATAL TESTS**

### **SOFT MARKERS**

- Identified via ultrasound
- Close relationship between malformations detected on ultrasound and presence of chromosomal anomalies; these malformations can act as 'spies'.
- Sometimes the markers are only transitory and not 'true' malformations but could be indicators of high risk for chromosomal anomalies.
- Unfortunately, these markers are also present in 15% of normal fetuses. In general, in women at low risk, the presence of only markers does not modify the risk. On the contrary, the presence of multiple markers or even major malformations alter the risk status.

## **PRE-NATAL DIAGNOSIS**

### **What tests are performed to identify chromosomal pathologies?**

A diagnosis of Down Syndrome can only be established by analyzing fetal chromosomes via invasive prenatal testing:

1. Villocentesis
2. Amniocentesis
3. Funiculocentesis (done in rare cases and only at Level 2 health care centers).

OR

non invasive "NIPT" (maternal blood sample).

Non-invasive prenatal testing (triple test, nuchal translucency (NT) or combined NT & ultra screen, or via identification of certain echographic parameters, can only identify the 'risk' for the presence of the illness.



## **PRE-NATAL DIAGNOSIS**

### **CHROMOSOMAL PATHOLOGIES**

Approximately 1/100 children have a chromosomal abnormality, meaning, a genetic defect characterized by the alteration in the structure or number of chromosomes. The most common are Trisomy 21 and Down Syndrome, but there are many other chromosomal syndromes in addition to genetic disorders. Every pregnant woman has a certain risk to deliver a child affected by Down Syndrome and this risk increases with maternal age or due to the presence of certain altered fetal parameters identified by ultrasound or maternal biochemistry.

There is no maternal age free of risk.

Hereditary genetic disorders are due to alterations of one or more genes. Examples include: polycystic kidney, thalassemia, cystic fibrosis, muscular dystrophy, hemophilia A. Transmission occurs by various means, such as by the parents that are affected by the disorder or are healthy carriers. There are more than 10,000 hereditary genetic disorders; not all of them can be identified. Prenatal diagnosis is performed via invasive procedures, as recommended by the geneticist when the illness is present in the parents or other family members.

## **GENERAL PRE-NATAL TESTS**

### **WHAT CAN BE DONE AFTER A DIAGNOSIS OF MORPHOLOGICAL OR CHROMOSOMAL ANOMALIES?**

1. Genetic consult—to determine significance and implications of findings.
2. Level II Ultrasound—performed at second level care center by specialists with vast experience in the ultrasound field.
3. Couples can decide whether to continue with or terminate the pregnancy (in accordance to with Law no. 194/1978).
4. Surgical intervention of major malformations after birth.
5. Couples can decide if to report to a Level II Care Center for pediatric surgical consultation to discuss surgical options and life expectancy of the newborn. Scheduling admission for labor & delivery at specialized centers for newborns affected by significant malformations is also discussed.

## GENERAL PRE-NATAL TESTS

### **GENETIC TESTING**

Performed in a Genetic Department for:

- Prenatal consultations
- Positive amniocentesis for chromosomal pathologies

### **BLOOD TESTS**

Performed as per Ministry of Health guidelines and are prescribed by the Gynecologist.

Performed at Hospital Laboratories.

Additional tests may be ordered for high risk pregnancies.

## PRE-NATAL DIAGNOSIS

Embryo-fetal congenital anomalies, in some cases, can be identified via risk factors and diagnostic exams.

The prenatal diagnosis depends on evaluation and diagnostic testing to identify, in utero, the presence of chromosomal and structural fetal abnormalities.

These abnormalities are only partly responsible for neonatal pathologies since other conditions, e.g. pre-term labor or compromised fetal growth, can also contribute to the total percentage of neonatal pathologies. In any event, prenatal diagnosis essentially identifies two types of fetal anomalies:

Chromosomal anomalies (1%)

Morphological anomalies (3%)